
Deprescribing educational framework: challenges for implementation and educational scholarship

Presented by :

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Canadian Medication
Appropriateness and
Deprescribing Network

Who is here today?

1. In which Canadian province/territory, or country outside Canada, are you located?
2. What role(s)/position(s) do you hold? (check all that applies)
3. If checked “Other” as role - invitation to provide more information.

Session objectives

By the end of this session, participants will demonstrate an understanding of:

1. The seven **Interprofessional Deprescribing competencies** and factors that need to be addressed to facilitate deprescribing
2. **Steps** for programs who plan **to incorporate deprescribing** into health professional curricula
3. **Strategies for teaching and assessing** relevant knowledge and skills within curricula
4. **Evaluation of teaching and assessment** of deprescribing competencies

Conflict of interest

Faculty: Barbara Farrell

Relationships with financial interests: none

- Speakers Bureau/Honoraria: United States
Deprescribing Research Network
- Consulting Fees: none
- Patents: N/A

Faculty: Cheryl A. Sadowski

Relationships with financial interests :

- Grants/Research Support: Pfizer Canada ULC
- Speakers Bureau/Honoraria: GSK
- Consulting Fees: N/A
- Patents:N/A

Faculty: Lalitha Raman-Wilms

Relationships with financial interests : None

- Grants/Research Support: University of Manitoba;
Centre for Learning, Research and Innovation in LTC
- Speakers Bureau/Honoraria: N/A
- Consulting Fees and Patents: N/A

Deprescribing curriculum publication

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A Proposed Curricular Framework for an Interprofessional Approach to Deprescribing

Monograph | [Open access](#) | [Published: 23 February 2023](#) | 33, 551–567 (2023)

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[Barbara Farrell](#) ✉, [Lalitha Raman-Wilms](#), [Cheryl A. Sadowski](#), [Laurie Mallery](#), [Justin Turner](#), [Camille Gagnon](#), [Mollie Cole](#), [Allan Grill](#), [Jennifer E. Isenor](#), [Dee Mangin](#), [Lisa M. McCarthy](#), [Brenda Schuster](#), [Caroline Sirois](#), [Winnie Sun](#) & [Ross Upshur](#)

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Avoid common manuscript errors.



**Canadian Medication
Appropriateness and
Deprescribing Network**

Resources to teach & learn deprescribing

< CPD Courses

Polypharmacy and deprescribing (NEW 2021)

Online Course • PrescQIPP



Case Reports

Turning over the rocks: Role of anticholinergics and benzodiazepines

Barbara Farrell PharmD FCSHP, Pamela Eisener-Parsche MD CCFP FC

This case illustrates how the quality of life and functioning of an



Deprescribing Guidelines Pamphlets



deprescribing.org | Is a Benzodiazepine or Z-Drug still needed for

What are Benzodiazepine & Z-Drugs (BZRAs)?

Benzodiazepine receptor agonists & Z-Drugs, or BZRAs, are a class of drugs that are used to treat problems such as anxiety, difficulty sleeping,

Stopping a BZRA is n

Some patients may need to stay on a BZRA for

Deprescribing Webinars

Check out these webinar recordings to learn about polypharmacy and deprescribing.

n with The College of Family
ll shares her experiences with
ing in the Bruyère Geriatric Day

be able to:
ntributing to cognitive
y problems in older people
g and monitoring for impact
ate deprescribing decision-



Approaches to deprescribing for older people: what to stop, when and how

Tuesday, December 15, 2020, at 12:00 p.m. (ET)



CONTINUING MEDICAL EDUCATION AND PROFESSIONAL DEVELOPMENT

Courses ▾ Accreditation ▾ Resources ▾ Scholarship ▾



Wise Prescribing and Deprescribing

Opioid Skills for the Frontline Clinician Self-Paced Online Modules and Small Group Workshops

1h 3m Assign to staff Share Start Free Trial



Deprescribing Medicines

ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

The Assumed Education Learning Centre is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Provider Number PO342.

Read Accreditation Information

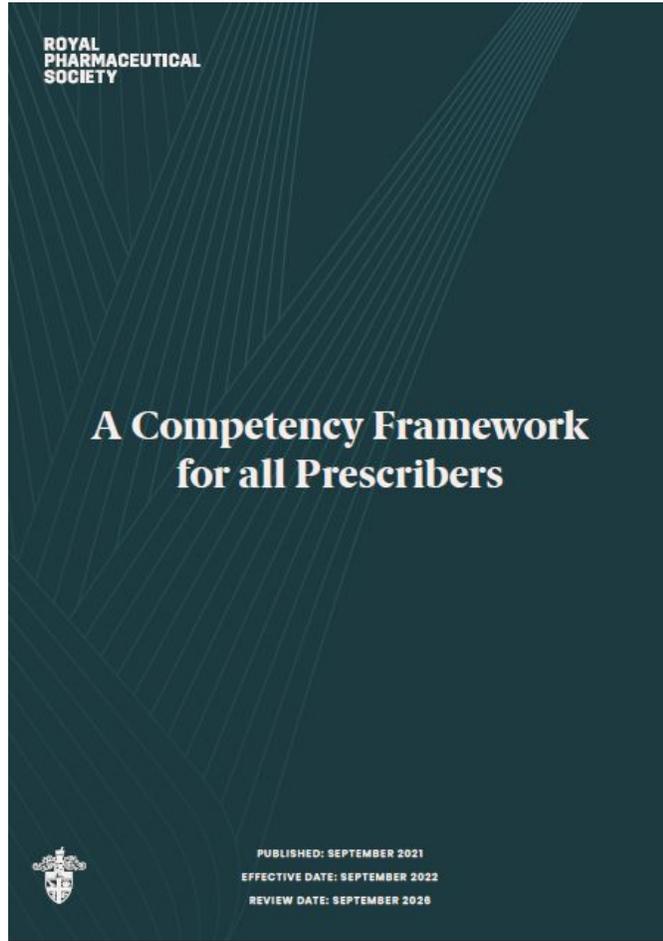
Details
CPD 1h 3m of CPD

Course Overview
Polypharmacy has the potential to result in adverse events for patients, therefore, the prescribing process must not only include a review but also the cessation of medicines. This Assumed Course looks at



Deprescribing education - 246,000 results!

Starting points...the building blocks



The Prescribing Safely Canada Physician Prescribing Competencies



Susan Brien, MD, MEd, CSpQ, FRCSC
Ming-Ka Chan, MD, MHPE, FRCPC
Allan Grill, MD, CCFP(COE), MPH, FCCP, CCPE
Anne Holbrook, MD, PharmD, MSc, FRCPC
Angele Landriault, RN, BScN, MA(Ed)
Anne Matlow, MD MSc FRCPC



BJCP British Journal of Clinical Pharmacology

Review of deprescribing processes and development of an evidence-based, patient-centred deprescribing process

Emily Reeve,^{1,2} Sepehr Shakib,² Ivanka Hendrix,³ Michael S. Roberts^{4,5} & Michael D. Wiese¹

¹Sansom Institute, School of Pharmacy and Medical Sciences, University of South Australia, Adelaide, South Australia, Australia, ²Department of Clinical Pharmacology, Royal Adelaide Hospital, Adelaide, South Australia, Australia, ³Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia, Australia, ⁴School of Pharmacy and Medical Sciences, University of South Australia, Adelaide, South Australia, Australia and ⁵Therapeutics Research Centre, School of Medicine, University of Queensland, Brisbane, Queensland, Australia



Canadian Medication Appropriateness and Deprescribing Network

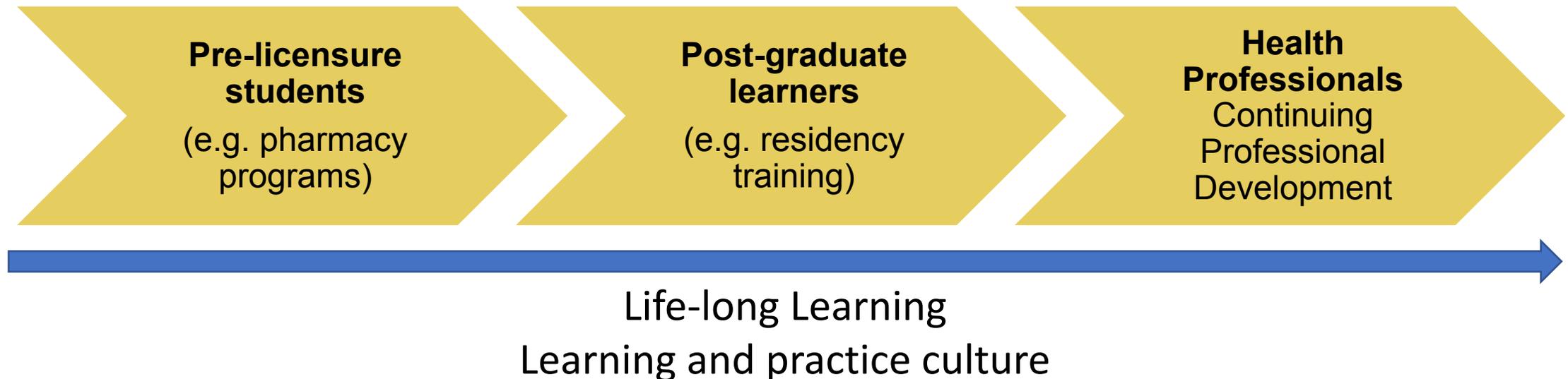
Health Care Provider Committee



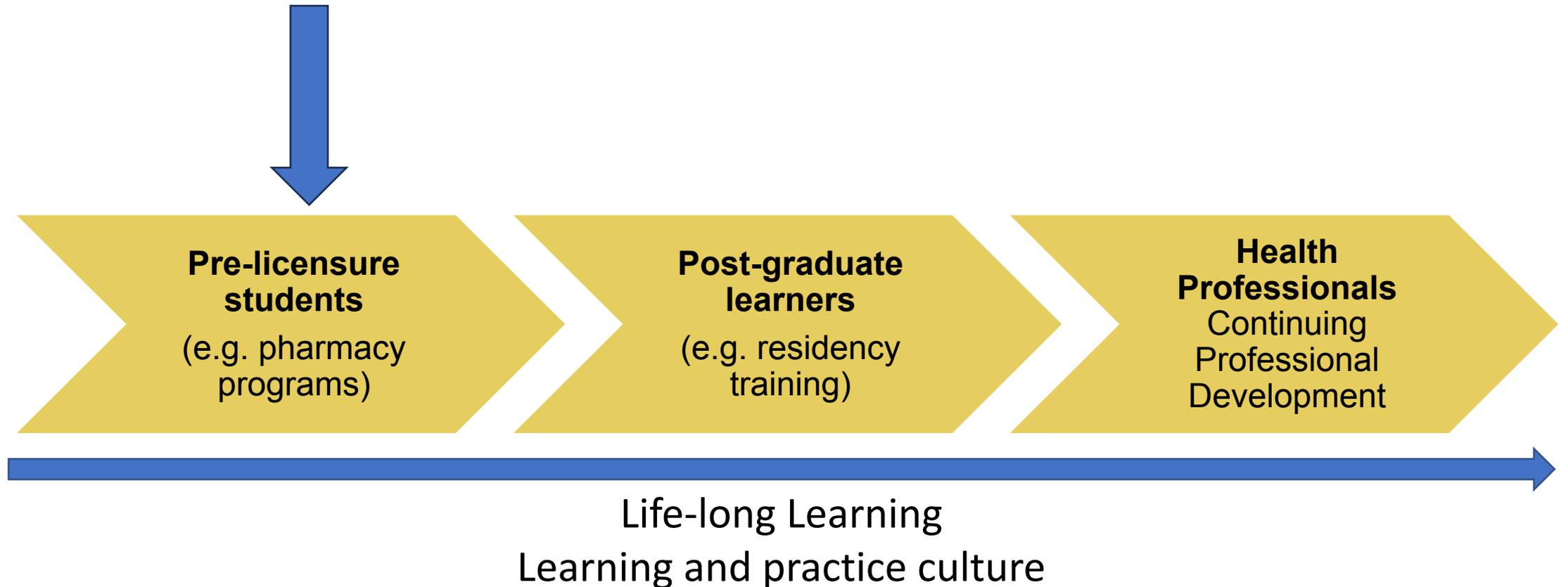
Canadian Medication Appropriateness and Deprescribing Network

Healthcare provider learners

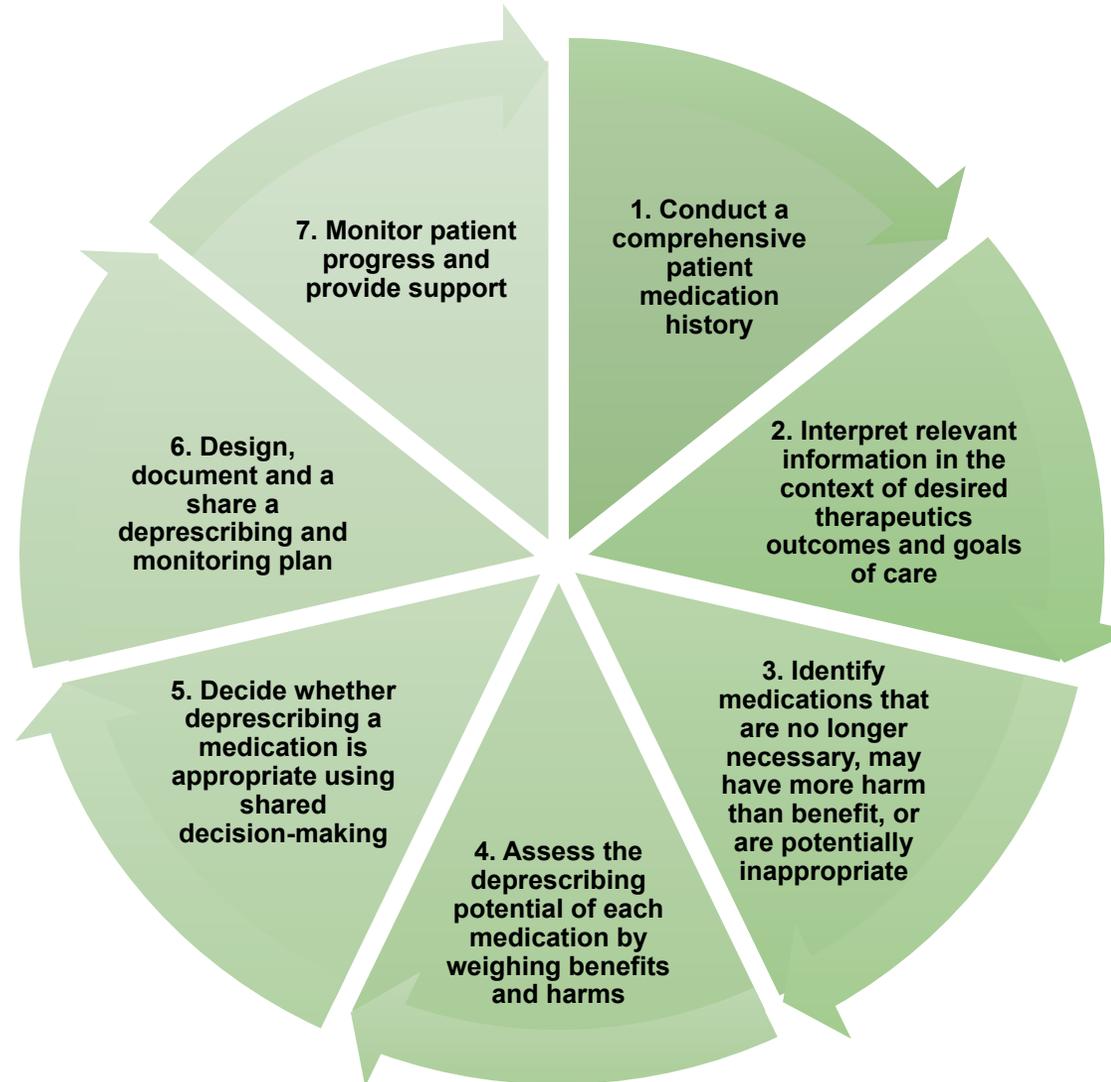
Physicians, Pharmacists and Nurses indicate a clear role in management of polypharmacy; other health professionals indicate a supporting role¹



Healthcare provider learners



Competencies for deprescribing¹



¹Farrell B, Raman-Wilms L, Sadowski C, et al.
• *Med Sci Educ* 2023

Appropriate use of medications through effective deprescribing

- Patient Determinants (clinical, Psychological, Social, Financial, Physical)²
- Medication Information
- Health & medical Information

CIHC¹ Competency Framework

- Communication
- Patient-centred care
- Role clarification
- Team functioning
- Collaborative leadership
- Conflict resolution

DEPRESCRIBING COMPETENCIES

Knowledge, Skills, Attitudes, Clinical judgment



INTERPROFESSIONAL COMPETENCIES

HEALTH SYSTEMS

Time & effort,
Resource constraints,
Fragmented care, Culture

Barriers & Facilitators³

- Comprehensive approach
- Time consuming process
- Involves many different HPs
- Over multiple consultations
- Access to health records

¹Canadian Interprofessional Health Collaborative

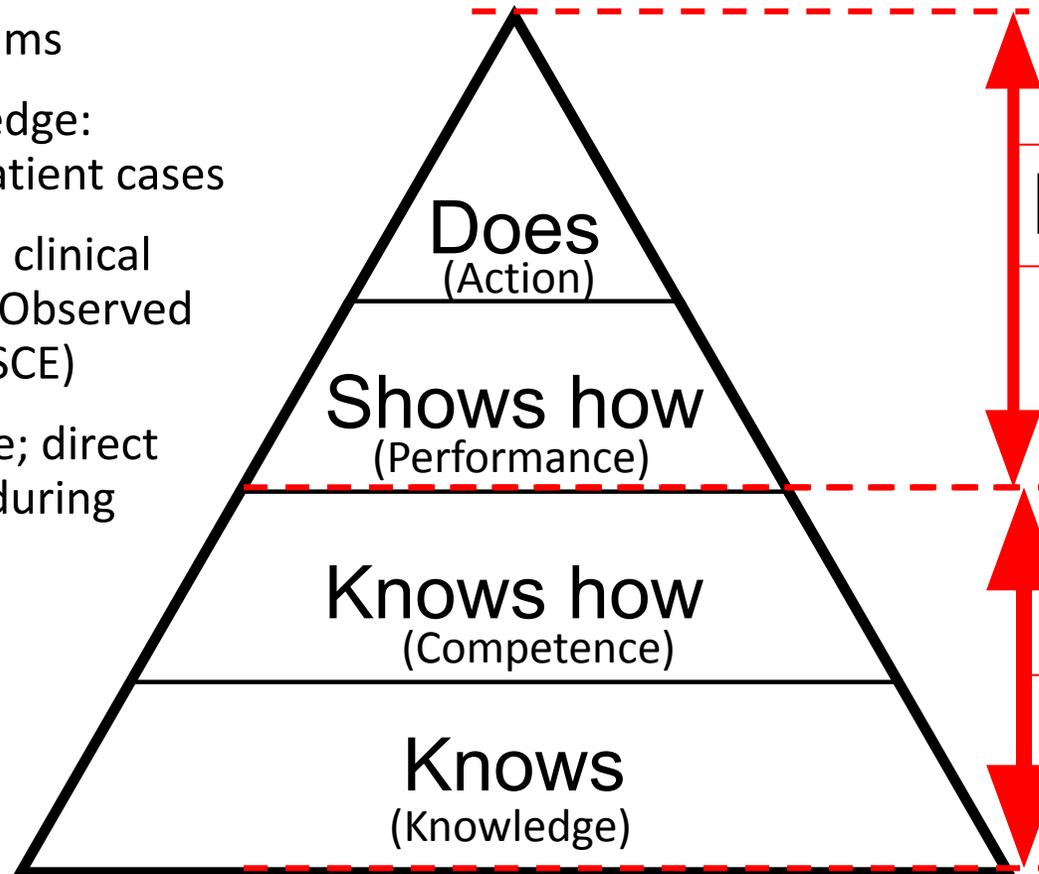
²Todd A et al. [BMC Geriatr.](#) 2018; 18: 295.

³Table 1, Raman-Wilms et al. Deprescribing in *Encyclopedia of Evidence in Pharm Public Health and Health Services Research in Pharmacy*, © Springer Nature Switzerland AG 2023. Z.-U.-D. Babar (ed.)

Miller's Framework for assessment of clinical skills

- **Knowledge** e.g. written exams
- **Competence** - apply knowledge: clinical patient problems; patient cases
- **Performance** - demonstrate clinical skills; use of patient actors; Observed Structured Clinical Exam (OSCE)
- **Action:** provide patient care; direct observation; describes during experiential learning

Curriculum



Behaviour

Cognition

Assessment



Framework objectives

- To enable healthcare educators to integrate and assess deprescribing knowledge and skills into teaching and clinical practices.
- To provide learning outcomes at different levels, as well as teaching and assessment strategies.

The Framework includes...

- 1 A list of **knowledge and skills** proposed for each competency (Table 1)



Table 1

Competency 1: Conduct a comprehensive patient medication history

Aligns with:

RCPSK Competency 1: Perform a comprehensive assessment of the patient to identify a therapeutic target

RPS Competency 1: Assess the patient

Knowledge required

The healthcare professional learner must know the importance of gathering the following:

1. Name of each medication and substance (prescription and non-prescription, including vitamins, supplements, natural health products, herbal products and other substances – e.g., use of alcohol, caffeine, cannabis) currently used or used in the past
2. Name of prescriber, medication indication, dose and frequency, prescribed directions, how actually used, duration of use of each of the above
3. Allergies, side effects, intolerances and contraindications to medications and substances
4. Relevant medical history including pharmacological and non-pharmacological approaches to management of medical conditions
5. Patient's/care partner's reason for medication use and expectations, impression of effectiveness or side effects and reasons for stopping or dose reduction for each of above
6. Patient's/care partner's beliefs, values, goals of care and perspectives regarding medication use and medical conditions

Skills required

The healthcare professional learner demonstrates that they are able to:

1. Establish and maintain a therapeutic relationship with the patient and family/care partners, demonstrate understanding of patient's values, beliefs and goals of care related to medication use and their medical conditions
2. Establish and maintain a relationship with the patient's interprofessional care team
3. Gather and document reliable medication and health condition information, which may require obtaining information from the patient, family/care partners, medical record, family physician, specialist consults, nursing notes, and/or pharmacist/pharmacy records
4. Use effective communication in accord with patient need, such as consideration being given for language difficulties, sensory impairment, speech issues, cognitive ability and diverse backgrounds to ensure accuracy of information

The Framework includes...

- 1 A list of **knowledge and skills** proposed for each competency (Table 1)
- 2 **Teaching and assessment strategies** that evolve with learner level (Table 2)



Table 2

Table 2 Teaching and assessment of knowledge and skills related to deprescribing in pre-licensure healthcare professional curriculum

Proposed learning outcomes

Introductory/early learner

- Identify individuals and groups such as older adults who are vulnerable to medication-related problems
- Describe the prevalence of medication-related harm in older adults
- Provide definitions for ‘polypharmacy’ and ‘deprescribing’
- Describe the criteria used to define potentially inappropriate medications (PIMs)
- List tools used to identify PIMs
- Identify high risk medications in a given patient case
- Demonstrate an understanding of challenges faced by older adults taking multiple medications

Mid-level learner

- Discuss the process used to guide prescribing in multimorbid/complex patients
- Identify patient related factors that increase the risk for medication-related problems, including polypharmacy
- Apply tools to identify PIMs
- Describe patient beliefs that may impact on a patient’s medication related decisions
- Describe how the patient’s family/care partners may play a role in polypharmacy and deprescribing management
- Identify and apply tools to make decisions about and implement deprescribing
- Determine benefits and harms of deprescribing a medication
- Describe the role of different healthcare professionals in managing polypharmacy and implementing deprescribing
- Demonstrate appropriate documentation and communication strategies to execute a deprescribing plan
- Examine the ethics and conflicts of interest for healthcare professionals in deprescribing
- Evaluate advocacy efforts regarding medication safety, prescribing, and deprescribing efforts in older adults

Advanced learner

- Critique tools used to identify PIMs and to deprescribe medications
- Use a systematic process for deprescribing
- Identify patients who should be prioritized/targeted for deprescribing
- Consider the patient’s preferences, care goals and life expectancy in deciding whether to continue or deprescribe a medication
- Using shared decision-making, negotiate a deprescribing plan for the medication with the patient and his/her caregivers
- Design care plans and make deprescribing decisions for high-risk patient groups (including those with dementia, with frailty, receiving palliative care, with multimorbid conditions)
- Identify opportunities for deprescribing in all settings where care is provided (including acute care, primary care, long-term care)
- Utilize cognitive dissonance or other communications strategies to promote deprescribing
- Appraise public health policy relating to medications and deprescribing in older adults



The Framework includes...

- 1 A list of **knowledge and skills** proposed for each competency (Table 1)
- 2 **Teaching and assessment strategies** that evolve with learner level (Table 2)
- 3 A toolkit of **practical deprescribing resources** for learning (Table 3)



Table 3

Table 3 Deprescribing Resources Toolkit

General information and resources about deprescribing

- Canadian Deprescribing Network website (resources for health professionals and the public) www.deprescribingnetwork.ca
 - Bruyère Deprescribing Research Team website www.deprescribing.org/ and YouTube channel (whiteboard videos about deprescribing guidelines, testimonials, and webinars) www.youtube.com/channel/UCwqOu26_nAMmUyb3fyKxBbw
 - Scottish Government Polypharmacy Model of Care Group. Polypharmacy Guidance, Realistic Prescribing 3rd Edition, 2018. Scottish Government website www.managemeds.scot.nhs.uk/ and guide www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf
 - Deprescribing: A Practical Guide: NHS Derby and North Derbyshire Clinical Commissioning Group Medicines Management Team. www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/clinical_guidelines_front_page/Deprescribing.pdf
-

Educational resources for teaching of deprescribing competencies

- Polypharmacy and Deprescribing online module (Bruyère Continuing Care) www.bruyere.org/en/polypharmacy-deprescribing
- Case reports with worksheets and instructions for interprofessional case discussions about polypharmacy and deprescribing:
 - Farrell B, Eisener-Parsche P, Dalton D. Turning over the rocks – The role of anticholinergics and benzodiazepines in cognitive decline and falls. *Can Fam Physician*. 2014;60:345–350. www.cfp.ca/content/60/4/345
 - Farrell B, Monahan A, Thompson W. Revisiting ongoing medication use in a frail 93 year old experiencing possible adverse effects. *CMAJ*. 2014;186:445–449. www.cmaj.ca/content/186/6/445
 - Farrell B, Shamji S, Dalton D. Managing chronic disease in the frail elderly – More than just adhering to clinical guidelines. *Can Pharm J*. 2014;147:89–96. www.ncbi.nlm.nih.gov/pmc/articles/PMC3962056/
 - Farrell B, Monahan A, Ingar N. Identifying and managing drug-related causes of common geriatric symptoms. *Can Fam Phys*. 2014;60:147–153. www.cfp.ca/content/60/2/147

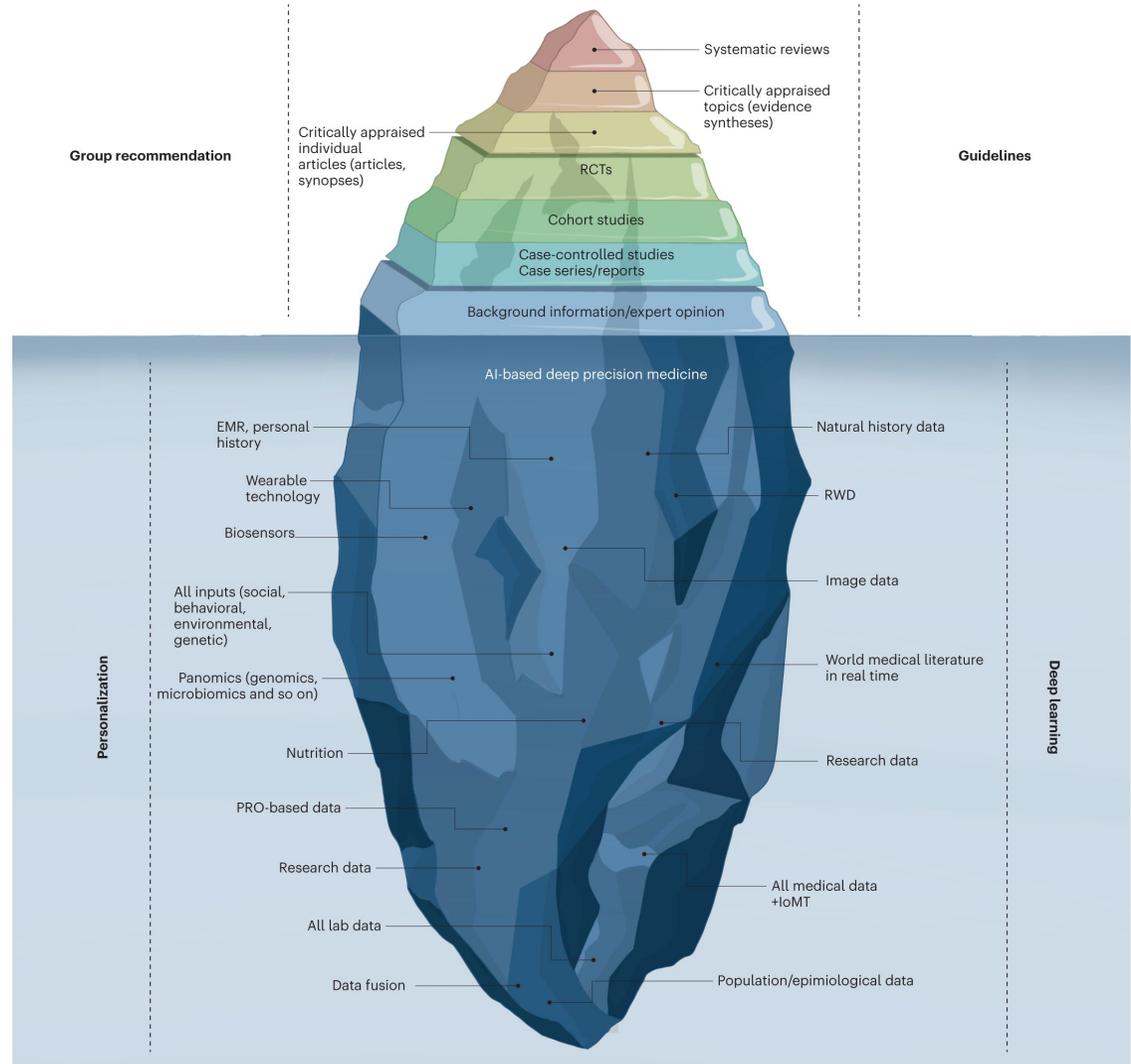
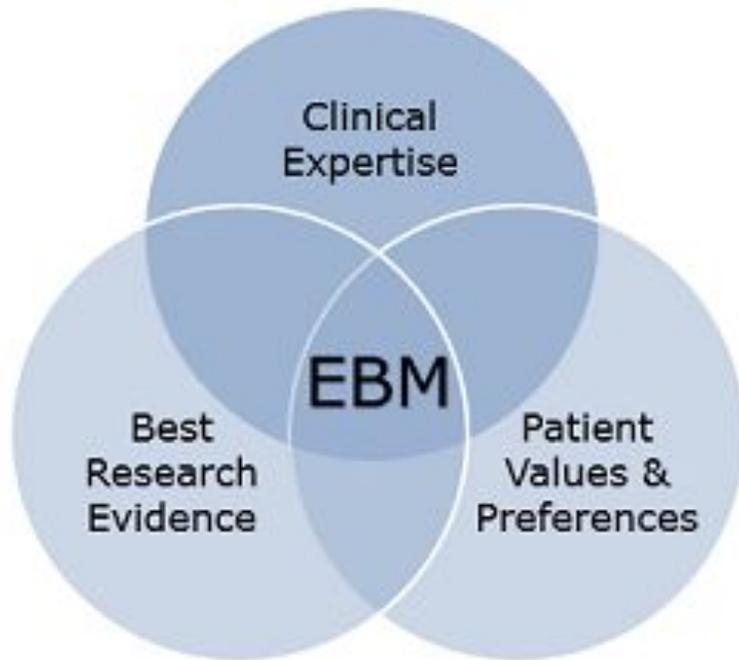
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- 1 A list of **knowledge and skills** proposed for each competency (Table 1)
- 2 **Teaching and assessment strategies** that evolve with learner level (Table 2)
- 3 A toolkit of **practical deprescribing resources** for learning (Table 3)
- 4 **A mapping exercise** to help **assess** consistencies and **gaps** in curricula



Deprescribing Education

Evidence-base medicine - evolution



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Deprescribing Education

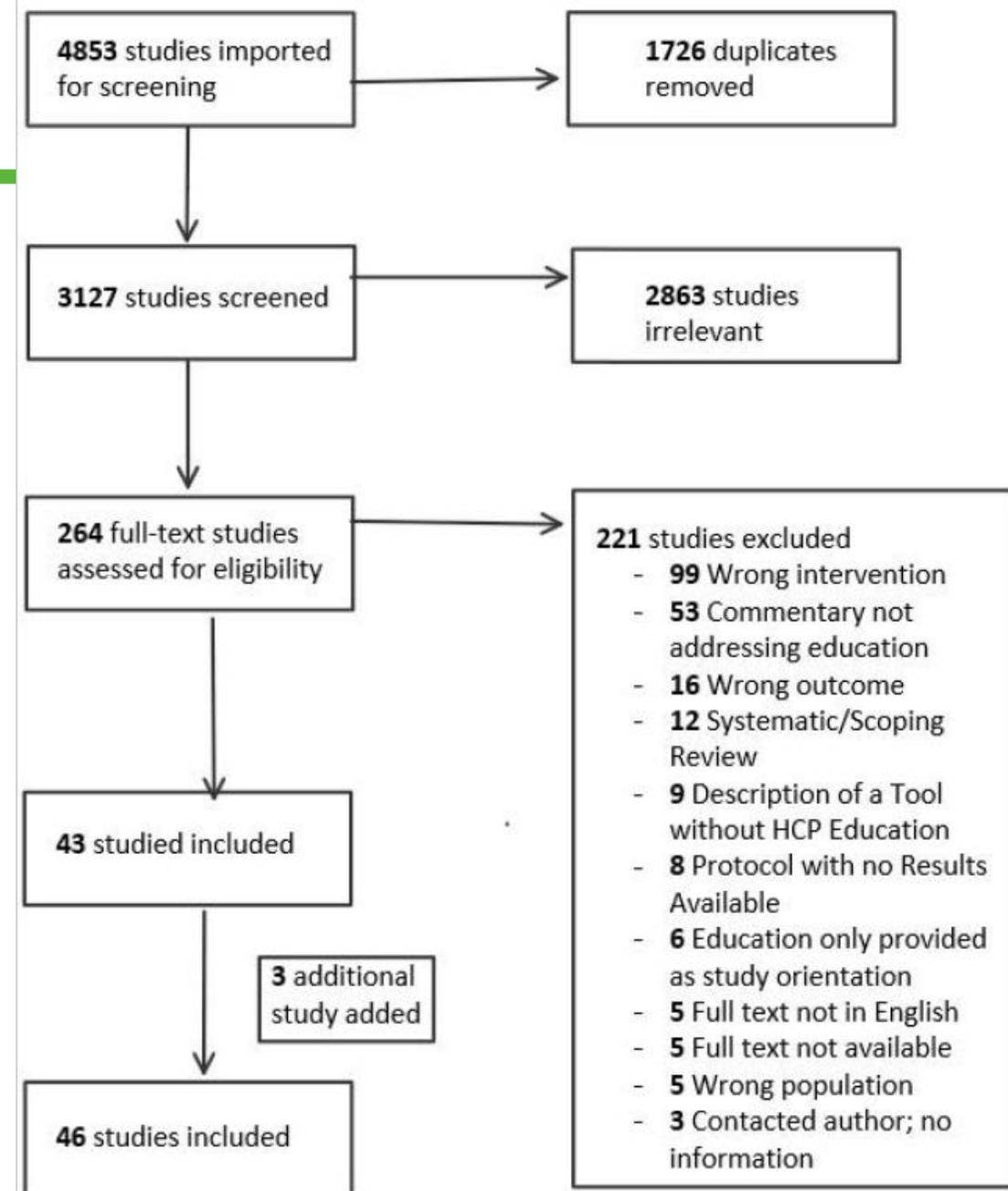
Evidence-based practice vs Evidence-based education

- Would you describe yourself as an evidence-based clinician?
- How does this apply to your teaching activities?
 - Are you an evidence-based preceptor?
 - Are you an evidence-based presenter or lecturer?
 - Are you an evidence-based lesson planner?
 - Have you generated evidence related to your education?

Deprescribing Education

Evidence-based

- Education is an intervention
- How can we study this intervention?
- Scoping review (preliminary)
 - n=25 full text papers
 - n=15 conference abstracts
 - n=6 white papers



Deprescribing Education

Delivery

- n=25 full text
- n=20 group teaching
- n=19 case based teaching
- n=3 one-on-one teaching
- n=5 self-directed learning

Design

- n=9 studies had a control group

Participants

- n=12 MD
- most studies interprofessional

Outcomes

- learner experience
- self-efficacy
- post-tests
- n=4 had long-term follow-up
- n=22 examined medications

Deprescribing Education

Areas for growth

- Are you valuing education as an intervention?
- Can you measure the outcomes of your educational intervention?
- Could others learn from your educational interventions?
- Can we make space in our deprescribing publications, meetings, and presentations to discuss education?

Challenges and Successes

The writing and publication process:

- managing ++author input
- targeting a journal
- responding to reviewers

Next: Knowledge mobilization!

Mapping processes (Supplementary File)

RCPSC Prescribing competency	Relevant Deprescribing competency	Examples where relevant knowledge and skills are <u>taught</u> within the curriculum	Examples where knowledge and skills related to the competency are <u>assessed</u>	Are knowledge and skills for deprescribing taught at an appropriate level for learners?	Gaps or opportunities
1.Perform a comprehensive assessment of the patient to identify a therapeutic target	1.Conduct a comprehensive patient medication history				
2.Consider optimal pharmacological and nonpharmacological options	2.Interpret relevant information in the context of desired therapeutic outcomes and goals of care 4.Assess deprescribing potential of each medication by weighing benefits and harms				
3.Prescribe medications appropriate to the patient's diagnoses, considering cost and risk of benefit and harm.	2.Interpret relevant information in the context of desired therapeutic outcomes and goals of care 4.Assess deprescribing potential of each medication by weighing benefits and harms				

Where are we now?

- Programs address deprescribing within clinical therapeutics or medication management courses
- Topics are taught using didactic, case-based, problem-based approaches and through seminars
- Limited by faculty with experience in geriatrics
- Students engage in deprescribing during their experiential education
- Within Geriatrics course or integrated into other courses
- Not consistently taught; variability between programs

What is needed?

What needs to be taught

- Complex task; need to develop **critical thinking**
- A continuum of **prescribing; integrate** teaching of both
- **Non-drug options**
- How to **engage patients in decision-making**
- Communication, collaborative, **team-skills**

Teaching / Learning strategies

- **Interprofessional** learning; following professional specific foundational concepts
- To include **patient partners in education**
- **Integration** of knowledge and skills; case scenarios, debates, role-playing

What is needed

- **Assessment** is important
- National licensing exams / program **accreditation**
- Need to **build capacity**
- Continuing professional development – workshops
- **Health system** – common health record; access
- **Research** is needed; Evaluation of strategies

Where to start

In the next year:

- Examine what needs to happen within your profession, your program, and across interprofessional curricula

In the next 2 years:

- Map the curriculum
- Develop a plan
- Create opportunities within curricula to implement deprescribing competencies and determine how these will be taught and assessed
- Utilize practical tools (Table [3](#)) throughout

In the next 4–6 years:

- Evaluate the core deprescribing competencies of graduates to determine the effectiveness of curricular changes

Annually:

- Share learnings and outputs

[A Proposed Curricular Framework for an Interprofessional Approach to Deprescribing | Medical Science Educator \(springer.com\)](#)

Discussion

1. What are learnings from incorporating deprescribing within your curricula?
2. What are challenges to assessment of deprescribing in programs?
3. How can we determine best practices in teaching and assessment of deprescribing competencies?